

## MEMORANDUM

**To:** Children's Integrated Services (CIS) Service Providers  
**From:** Morgan Cole, Children's Integrated Services Director  
**Re:** CIS COVID-19 Response Guidance: Timelines  
**Date:** April 23, 2020

The guidance below provides instruction to Children's Integrated Services (CIS) providers regarding CIS service delivery timeline expectations. Providers should strive to continue to meet the service needs of children and families to the best of their ability during this crisis, while protecting individual and public health through the use of telephonic and telehealth service delivery whenever possible. Related resources and direction may be found here:

- **Vermont Department of Health Guidance**
  - VDH COVID-19: <https://www.healthvermont.gov/response/infectious-disease/2019-novel-coronavirus>
  - VDH Home Based Service Delivery: <https://www.healthvermont.gov/sites/default/files/documents/pdf/Final%20VDH%20Guidance%20on%20Home%20Based%20Service%20Delivery%203.17.20.pdf>
- **Child Development Division and CIS Guidance:** <https://dcf.vermont.gov/cdd/covid-19>
- **Department for Vermont Health Access Guidance**
  - DVHA Telehealth Guidance: <https://dvha.vermont.gov/providers/telehealth>
  - DVHA Telehealth FAQs: <https://dvha.vermont.gov/sites/dvha/files/documents/News/FAQ%20Telephonic%20Services%20COVID-19%20Emergency%2003.27.20.pdf>
  - DVHA Telehealth Administrative Rules 3.101: <https://humanservices.vermont.gov/sites/ahsnew/files/documents/MedicaidPolicy/3.101-telehealth-rule-adopted-rule.pdf>
- **Agency of Education Guidance:** <https://education.vermont.gov/news/covid-19-guidance-vermont-schools>

CIS Timeline	ALL CIS Services	Additional Requirements for Early Intervention (EI)
Initial Contact	1. Referrals received should be forwarded by the recipient (if it is not the CIS Coordinator) to the CIS Coordinator. Recipients of referrals should ensure they are triaged and sent to the appropriate CIS Agency within 2 business days through secure means. CIS Referral Team meetings should still be held, using phone/video conferencing. 2. Phone contact must occur within 5 business days (voicemail and texting do not qualify).	



	3. If phone contact is not able to be made after 3 attempts, a letter should be sent to the potential client.	
Initial Evaluation	Evaluations and assessments may be performed using telehealth video methods.	<ul style="list-style-type: none"> <li>• Initial evaluations may be performed using telehealth video modalities and may be billed to Medicaid and POLR in the usual way.</li> <li>• Consent should be obtained in writing whenever possible. However, when this is not possible, verbal consent is allowed as long as the family is fully informed, using clear language that they can understand, including discussing their rights, procedural safeguards, and all other requirements described in the guidance from DVHA FAQ's and Administrative Rule 3.101 referenced above. This consent should be clearly documented in the client's file, and follow-up verification sent to the family in writing via mail or email as soon as possible.</li> <li>• These evaluations should be conducted through caregiver interview and video observation of the child to the best of the provider's ability.</li> <li>• The evaluation should have two disciplines involved and may rely on separate telehealth sessions to accomplish this. The evaluation can rely on informed clinical opinion for areas not able to be directly or adequately observed via telehealth modalities.</li> <li>• Evaluations still require a written report. This report must be sent via secure means/mail to the family prior to the initial One Plan meeting in order for them to have time to review the document.</li> <li>• For families requiring interpreter services, the evaluation results should be reviewed with the family thoroughly, using an interpreter, which may require a separate meeting from the initial One Plan meeting in order to give the family time to thoroughly understand the information.</li> </ul>
Initial One Plan meeting	This meeting should be held by phone or video conferencing.	<p>Meeting notices must be sent<sup>2</sup> at least 10 calendar days prior to the One Plan meeting with:</p> <ul style="list-style-type: none"> <li>a) clear information about how the meeting will be conducted,</li> <li>b) instructions for connecting to any special phone/video conferencing tool, and</li> </ul>

<sup>2</sup> Meeting notices can be mailed or emailed during this time. If emailed, as with a mailed meeting notice, a copy of the email must be retained in the child's record.



	<p>Consent to the One Plan<sup>1</sup> must be received by one of the methods below, based on family preference:</p> <ul style="list-style-type: none"> <li>a) Securely emailing the One Plan to the family for signature. They can print and mail the plan back, or scan it and email it, or</li> <li>b) Mail the One Plan to the family, along with a self-addressed, stamped envelope for them to mail it back to you, or</li> <li>c) When this is not possible, verbal consent is allowed as long as the family is fully informed, using clear language that they can understand, including discussing their rights, procedural safeguards, and all other requirements described in the guidance from DVHA FAQ's and Administrative Rule 3.101 referenced above. This consent should be clearly documented in the client's file, and follow-up verification sent to the family in writing via mail or email as soon as possible.</li> </ul>	<p>c) a method for the family to contact their service coordinator to discuss accommodations they might need to fully participate along with any other people they would like to join the meeting.</p> <p>Parental rights should be mailed with this meeting notice and an opportunity provided in advance of the meeting for the family to discuss their parental rights with their service coordinator.</p>
One Plan Services	Services may be provided via telemedicine as described below.	
Specialty Services	CIS- EI only	<p>Services may be provided via telehealth as described below.</p> <p>When specialty providers are unable to perform standardized testing, informed clinical opinion is acceptable to determine the most appropriate services &amp; strategies to address children's developmental delays (34 CFR §303.321 (a)(3)(ii)).</p>
Service Coordination	<p>Service coordination will be critical for active clients to ensure:</p> <ul style="list-style-type: none"> <li>• families access any needed resources and supports;</li> <li>• CIS timelines are followed and services engaged in accordance with a family's One Plan; and</li> </ul>	

<sup>1</sup> One Plan means use of the State-approved One Plan forms available at <https://cispartners.vermont.gov/>, or your agency's equivalent if you are using an electronic health record.



	<ul style="list-style-type: none"> <li>the service(s) delivered meet the family's needs as much as possible, and any difficulties are addressed quickly and accommodated given the current limitations of the system.</li> </ul>	
One Plan Periodic/6-month/Annual Review	<p>This meeting should be held by phone or video conferencing.</p> <p>Consent to any changes to the One Plan must be received by one of the following methods:</p> <ol style="list-style-type: none"> <li>Securely emailing the One Plan to the family for signature. They can print and mail the plan back, or scan it and email it back; or</li> <li>Mail the One Plan to the family, along with a self-addressed, stamped envelope for them to mail it back to you, or</li> <li>Consent should be obtained in writing whenever possible. However, when this is not possible, verbal consent is allowed as long as the family is fully informed, using clear language that they can understand, including discussing their rights, procedural safeguards, and meets all other requirements described in the guidance from DVHA FAQ's and Administrative Rule 3.101 referenced above. This consent should be clearly documented in the client's file, and follow-up verification sent to the family in writing via mail or email as soon as possible.</li> </ol>	Parent/guardian consent is needed any time a service is added or changes frequency/location or modality.
Potential Eligibility for Part B & LEA Notification	CIS- EI only	<ol style="list-style-type: none"> <li>Current guidelines regarding determination of potential eligibility remain unchanged at this time. Therefore, all on-going progress monitoring assessments require written evidence that clearly describes the child's present levels of functioning in domains related to the child's disability/delay, with evidence of at least 25% delay in one domain. On-going progress monitoring assessments may be performed using telehealth video modalities.</li> </ol>



		<p>These assessments, along with parent/guardian report, updated measures, results and summative information from specialty providers, for example, may be used as evidence to determine a child's current level of functional development. <a href="#">Informed clinical reasoning</a> as a process may help individuals and team members to make accurate decisions on behalf of a child and family, although teams may not rely solely on it to determine that a child may be potentially eligible for Part B services.</p> <p>b) Local Education Agency (LEA) notifications should still be sent to the LEA and the State, as in the past for every child where potential eligibility (PE) is able to be adequately determined.</p> <p>c) If, due to limitations of technology during this time, the One Plan team is unable to determine evidence of a 25% delay in at least one domain then:</p> <ol style="list-style-type: none"> <li>LEA should be notified, with parental consent, and may move forward at their discretion given evidence shared by the One Plan team. Informed clinical reasoning may be beneficial in this case.</li> <li>For children whose PE is not able to be determined and the parent does not give consent for LEA notification to be sent, then the Service Coordinator will clearly document this, indicating the reason PE was unable to be determined, and seek to get a determination of PE as soon as reasonably possible. Please note: <i>CDD and AOE are in the process of exploring alternative approaches to support the transition process in continuing in these instances, and may update this guidance as needed.</i></li> </ol>
Transition Conference	This meeting should be held by phone or video conferencing.	<p>Meeting notices must be sent at least 10 calendar days prior to the Transition Conference meeting with:</p> <ol style="list-style-type: none"> <li>clear information about how the meeting will be conducted,</li> <li>instructions for connecting to any special phone/video conferencing tool, and</li> </ol>



		<p>c) a method for the family to contact their Service Coordinator to discuss accommodations they might need to fully participate as well as any other people they would like to join the meeting.</p> <p>Parental rights should be mailed with this meeting notice and an opportunity provided in advance of the meeting for the family to discuss their parental rights with their service coordinator.</p>
Transition Plan	<p>Consent to the transition plan must be received by one of the following methods:</p> <ul style="list-style-type: none"><li>a) Securely emailing the One Plan to the family for signature. They can print and mail the plan back, or scan it and email it; or</li><li>b) Mail the One Plan to the family, along with a self-addressed, stamped envelope for them to mail it back to you.</li></ul>	

